

El Cajon Valley High School
“Critical Questions”
Progress Report

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|--|---------------------|
| Department/Subject Area Team | |
| | |
| Reporting Period (Quarter 1, 2, 3 4) | School Year: |
| | |
| Team Members | |
| | |
| Question(s) to be Focused On | |
| | |
| Progress to Date (Please write a brief description. Use back side if necessary) | |
| | |
| | |
| Department Chair Signature: | Date: |
| Admin. Signature: | Date: |